$\underline{EXHIBIT\ A}$

IN THE UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF TEXAS DALLAS DIVISION

IN RE: DEPUY	ORTHOPAEDICS,	§	
INC., PINNACLE HIP IMPLANT		§	MDL Docket No.
PRODUCTS LIABILITY		§	
LITIGATION		§	3:11-MD-2244-K
	PINNACLE PLAI (DO NOT FILE THIS	INTIFF PROFILE FOI FORM WITH THE (
1. (a) Name:			
i.	Last Name:		
ii.	First Name:		
iii.	Middle Name:		
(b) Address:			
i.	Address Line 1:		
ii.	Address Line 2:		
iii.	City:		
iv.	State:		
v.	Zip Code:		
(c) Date of B	irth:		
(d) Attorney	Name, Firm Name, Phon	e Number and Email	:
i.	Name:		
ii.	Firm:		
iii.	. Phone Number:		
iv.	Email:		

	Have y				Pinnacle Acetabu laim ("Pinnacle Ir	llar Cup and related mplant")?
(b)	Which	Hip? Right	Left	Both	(select one)	
(c)	RIGHT	THIP SURGER	Y HISTOI	RY (if appli	cable)	
RIG	HT HIP	- INITIAL SUR	GERY (if	applicable	1	
	(1) Da	te of Implant (IN	NITIAL SU	JRGERY):		
	(2) Su	rgeon (INITIAL :	SURGERY	<i>(</i>):		
	Surgeo	on Name:				
	(3) Ho	spital where INI	ITIAL SUI	RGERY pert	ormed:	
]	Hospital/Facility	y:			
	(City:		:	State:	
(4) Hip Implant Details (INITIAL SURGERY)						
	- -	Type of LINER u	ısed:			
		METAL		CERA	MIC	POLYETHYLENE
]	Product Number	r:			
]	Lot Number:				
	F ·	Гуре of HEAD u	ısed:			
		METAL		CERA	MIC	
]	Product Number	r:			
]	Lot Number:				

CUP Used:

Lot Number:

Product Number:

RIGHT HIP - REVISION (if applicable)

KIGHI HIP - K	EVISION	ir applicable	<u>l</u>						
Has any compor	nent of the F	innacle Impla	ant initially implanted	d in your right hip been					
removed? Yes	No	If yes, please	e answer the followin	g:					
(1) Date o	of REVISION	N:							
(2) REVIS	(2) REVISION SURGEON:								
Sur	Surgeon Name:								
(3) Hospi	(3) Hospital where REVISION performed:								
Hos	spital/Facili	ty:							
City	7:		State:						
(4) REVIS	SION surge	ry details:							
Which cor	nponents w	ere removed?	? (check all that apply	r):					
	CUP	LINER	HEAD	STEM					
If the LIN	ER was rem	oved, what ty	ype of LINER was it r	eplaced with?					
	METAL		CERAMIC	POLYETHYLENE					
Product N	lumber:								
Lot Numb	er:								
If the HEA	AD was rem	oved, what ty	pe of HEAD was it re	eplaced with?					
	METAL		CERAMIC						
Product N	lumber:								
Lot Numb	er:								
If the CUI	was remov	ved, what CU	P was it replaced witl	h?					
Product N	lumber:								
Lot Numb	er:								

RIGHT HIP - SECOND REVISION (if applicable)

Have	you had a	second revisi	on on your ri	ight hip	? Yes N	No		
If yes	-	swer the follo SECOND RI	wing questio EVISION:	ns abou	ıt your secor	nd revisi	ion surgery:	
	(2) SECON	ND REVISION	N Surgeon:					
	Surg	geon Name:						
	(3) Hospita	al where SEC	OND REVISI	ION pe	rformed:			
	Hos	pital/Facility	7:					
	City	··			State:			
	(4) SECO	ND REVISIO	ON surgery d	letails:				
	Which con	nponents we	re removed?	(check a	all that apply	⁷):		
		CUP	LINER		HEAD	5	STEM	
	If the LINER was removed, what type of LINER was it replaced with?							
	METAL			CERAMIC		I	POLYETHYLE	ENE
	Product N	umber:						
	Lot Numb	er:						
	If the HEA	AD was remo	ved, what typ	pe of HI	EAD was it r	eplaced	with?	
		METAL		CERA	MIC			
	Product N	umber:						
	Lot Numb	er:						
	If the CUP	was remove	d, what CUP	was it	replaced wit	h?		
	Product N	umber:						
	Lot Numb	er:						

(d) LEFT HIP SURGERY HISTORY (if applicable)

<u>LEFT HIP - INITIAL SURGERY (if applicable)</u>

(1) Date of Implant (INITIAL SURGERY):(2) Surgeon (INITIAL SURGERY):Surgeon Name:						
(3) Hospital where INITIAL SURGERY performed:						
Hospital/Facility:						
City:	State:					
(4) Hip Implant Details (INITIA	AL SURGERY)					
Type of LINER used:						
METAL	CERAMIC	POLYETHYLENE				
Product Number:						
Lot Number:						
Type of HEAD used:						
METAL	CERAMIC					
Product Number:						
Lot Number:						
CUP Used:						
Product Number:						
Lot Number:						

LEFT HIP - REVISION (if applicable)

CLI I IIII KL V	151011 (11	<u>applicable</u>		
Has any compor	ent of the	Pinnacle Impla	ant initially implanted	d in your left hip been
removed? Yes	No	If yes, please	e answer the followin	g:
(1) Date o	f REVISIO	N:		
(2) REVIS	ION SURC	EON:		
Surg	geon Name	:		
(3) Hospit	tal where R	EVISION peri	formed:	
Hos	pital/Facil	ity:		
City	·:		State:	
(4) REVIS	SION surge	ry details:		
Which con	nponents v	vere removed?	? (check all that apply	r):
	CUP	LINER	HEAD	STEM
If the LINI	ER was ren	noved, what ty	pe of LINER was it r	eplaced with?
	METAL		CERAMIC	POLYETHYLENE
Product N	umber:			
Lot Numb	er:			
If the HEA	D was rem	noved, what ty	pe of HEAD was it re	eplaced with?
	METAL		CERAMIC	
Product N	umber:			
Lot Numb	er:			
If the CUP	was remo	ved, what CU	P was it replaced witl	h?
Product N	umber:			
Lot Numb	er:			

LEFT HIP - SECOND REVISION (if applicable)

Have	you had a	second revis	ion on your le	eft hip? Yes N	lo	
If yes	-	wer the follo	0 1	ns about your seco	nd revision surgery:	
	(2) SECON	ND REVISIO	N Surgeon:			
	Surg	geon Name:				
	(3) Hospita	al where SEC	COND REVIS	ION performed:		
	Hos	pital/Facility	y:			
	City	:		State:		
	(4) SECO	ND REVISION	ON surgery d	etails:		
	Which con	nponents we	ere removed?	(check all that appl	y):	
		CUP	LINER	HEAD	STEM	
	If the LINI	ER was remo	oved, what ty	pe of LINER was it	replaced with?	
		METAL		CERAMIC	POLYETHYLENE	3
	Product N	umber:				
	Lot Numb	er:				
	If the HEA	D was remo	ved, what typ	pe of HEAD was it	replaced with?	
		METAL		CERAMIC		
	Product N	umber:				
	Lot Numb	er:				
	If the CUP	was remove	ed, what CUP	was it replaced wi	th?	
	Product N	umber:				
	Lot Numb	er:				

- 3. If you have not had a revision surgery of your Pinnacle Implant, but one (or more) is scheduled, provide the date(s): Date:

 Date:
- 4. (a) If you had a revision of your Pinnacle Implant, did you experience any of the following complications in connection with your initial hip implant *before* your first revision?

Yes No If yes, specify the type of complication (check all that apply):

PSEUDOTUMOR ABDUCTOR MUSCLE REPAIR

STROKE/HEART ATTACK

DISLOCATION w/OPEN REDUCTION

CONSTRAINED LINER

DISLOCATION w/CLOSED REDUCTION

PULMONARY EMBOLISM

INFECTION REQUIRING IV ANTIBIOTICS

LOOSENING OF CUP LOOSENING OF STEM

FRACTURE (Bone) METAL WEAR/METALLOSIS CONFIRMED

FRACTURE (Component) IN MEDICAL RECORDS

ELEVATED METAL IONS CONFIRMED

IN MEDICAL RECORDS

(b) If you had a revision of your Pinnacle Implant, have you experienced any of the following complications *after* your first revision?

Yes No If yes, specify the type of complication (check all that apply):

PSEUDOTUMOR ABDUCTOR MUSCLE REPAIR

STROKE/HEART ATTACK DISLOCATION w/OPEN REDUCTION

CONSTRAINED LINER DISLOCATION w/CLOSED REDUCTION
PULMONARY EMBOLISM INFECTION REQUIRING IV ANTIBIOTICS

LOOSENING OF CUP LOOSENING OF STEM

FRACTURE (Bone) ELEVATED METAL IONS CONFIRMED

FRACTURE (Component) IN MEDICAL RECORDS

5. Have you included your product identification stickers with respect to each component of your PINNACLE IMPLANT(S)? Yes No

YOU MUST SUBMIT PRODUCT IDENTIFICATION (IMPLANT STICKERS) for ALL PINNACLE PRODUCTS (implanted during ORIGINAL or REVISION procedures) WITH THIS PLAINTIFF PROFILE FORM.